## Illinois Department of Revenue ST-2-X Amended Multiple Site Form Attach to Form ST-1-X.

REV	001
FORM	010

Account ID:	Business name:	Do not write above this line.
Reporting period you are amending://	_ through//	
Write the figures that should have been filed. You must round		(b)
Site where taxable sales were made		
Location code	General merchandise	. Ab
Site name	X =	4D
Site address	Food, drugs, and medical appliances  5a X =	5b
	—— Receipts taxed at other rates (rate)	
City, state, ZIP	8a	8b
	General merchandise	
Location code		4b
Site name	Food, drugs, and medical appliances	
Site address	5a X =	5b
	Receipts taxed at other rates (rate)	
City, state, ZIP	8a	8b
	General merchandise	
Location code	X =	4b
Site name	Food, drugs, and medical appliances	
Site address	======================================	5b
	Receipts taxed at other rates (rate)	
City, state, ZIP	8a	8b
	General merchandise	
Location code		4h
Site name	(roto)	TD
Site address	Food, drugs, and medical appliances  5a X =	. 5b
City, state, ZIP	8a	8b
	General merchandise	
Location code		4b
Site name	(rate)	40
Site address	Food, drugs, and medical appliances X =	. Fh
	Table	5b
City, state, ZIP	•	0h
	8а	8b
Location code	General merchandise	
Site name	——————————————————————————————————————	4b
Site address	Food, drugs, and medical appliances	5b
	Receipts taxed at other rates (rate)	
City, state, ZIP	8a	8b